## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

PAS127 US

| CLAIMS AS FILED - PART I  |   |   |              |   |                  |                          | ;    | SMALL ENTITY |                        |      | OTHER THAN         |                        |  |
|---|---|---|--------------|---|------------------|--------------------------|------|--------------|------------------------|------|--------------------|------------------------|--|
| <u></u>   | OTAL CLAIM  | <u> </u>                                  | (Column 1)   |   | (Column 2)       |                          | 1 .  | TYPE         |                        | OR   | OR SMALL ENTITY    |                        |  |
| TOTAL CLAIMS  |   |   | 20           |   |                  |                          |      | RATE         | FEE                    | ]    | RATE               | FEE                    |  |
| FOR   |   |   | NUMBER FILED |   | NUME             | BER EXTRA                |      | BASIC FEE    | 385.00                 | OR   | BASIC FEE          | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | 20 minus 20= |   | *                |                          |      | X\$ 9=       |                        | OR   | X\$18=             |                        |  |
| INDEPENDENT CLAIMS  |   |   | 14 minus 3 = |   | 1/               |                          |      | X43=         |                        | OR   | X86=               |                        |  |
| ML  | JLTIPLE DEPE  | NDENT CLAIM P                             | RESENT       |   |                  |                          |      | +145=        |                        | OR   | +290=              |                        |  |
| * If  | the difference  | e in column 1 is                          | less than ze | ero, enter                                  | "0" in d         | column 2                 | L    | TOTAL        |                        | OR   | TOTAL              |                        |  |
|   | C   | LAIMS AS A                                | MENDE        | MENDED - PART II                            |                  |                          |      |              | <u> </u>               | J    | OTHER              | THAN                   |  |
|   | ,   | (Column 1)                                | <del> </del> | (Colun                                      |                  | (Column 3)               |      | SMALL        | ENTITY                 | OR   | SMALL              |                        |  |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHI<br>NUME<br>PREVIO<br>PAID F           | BER              | PRESENT<br>EXTRA         |      | RATE         | ADDI-<br>TIONAL<br>FEE |      | RATE               | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus        | **  |                  | Ė                        | H    | X\$ 9=       | /                      | OR   | X\$18=             |                        |  |
| AME   | Independent   | *   | Minus        | ***   | <u> </u>         | =                        |      | X43=         |                        | OR   | X86=               |                        |  |
|   | FIRST PRESE   | ENTATION OF ME                            | JUIPLE DEF   | PENDENT                                     | CLAIM            |                          |      | +145=        |                        | OR   | +290=              |                        |  |
|   |   |   |              |   |                  |                          |      | TOTAL        |                        | OB   | TOTAL              |                        |  |
|   |   | A   | DDIT. FEE    |   |                  | ADDIT. FEE               | ·    |              |                        |      |                    |                        |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | (Colum<br>HIGHE<br>NUMB<br>PREVIO<br>PAID F | ST<br>ER<br>USLY | (Column 3) PRESENT EXTRA |      | RATE         | ADDI-<br>TIONAL<br>FEE |      | RATE               | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus        | **  |                  | = .                      |      | X\$ 9=       |                        | OR   | X\$18=             |                        |  |
|   | Independent   | *   | Minus        | ***   |                  | =                        |      | X43=         |                        | OR   | X86=               |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |   |                  |                          |      | +145=        |                        | OR   | +290=              |                        |  |
|   |   |   |              |   |                  |                          | L    | TOTAL        | , .                    |      | TOTAL              | •                      |  |
|   |   | <b>6</b> 1 4                              |              |   |                  |                          | , AI | DDIT. FEE L  |                        | On , | DDIT. FEE          | -                      |  |
|   | <b>\</b>  | (Column 1)<br>CLAIMS                      | . 1          | (Colum                                      |                  | (Column 3)               | _    | ·            |                        | r    | <del></del>        |                        |  |
| AMENDMENT C   |   | REMAINING<br>AFTER<br>AMENDMENT           |              | NUMB<br>PREVIOU<br>PAID F                   | JSLY             | PRESENT<br>EXTRA         |      | RATE         | ADDI-<br>FEE           |      | RATE               | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus        | **  |                  | =<br>-                   |      | X\$ 9=       |                        | OR   | X\$18=             |                        |  |
|   | Independent   |   | Minus        | ***   |                  | =                        |      | X43=         |                        | _    | X86=               |                        |  |
| `_  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |   |                  |                          |      |              |                        | OR   |                    |                        |  |
| * 16  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.     |   |              |   |                  |                          |      |              |                        | OR   | +290=              |                        |  |
| **  1   | ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |   |              |   |                  |                          |      |              |                        | OR A | TOTAL<br>DDIT. FEE |                        |  |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriat box in column 1. |   |   |              |   |                  |                          |      |              |                        |      |                    |                        |  |